

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012936
STATE FILE NUMBER

FILED MAY 4 1959		Registration District No. 128		Primary Registration District No. 2000		Registrar's No. 419 A	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				c. CITY OR TOWN Chadwick		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.				Length of stay in lb 16 days		d. STREET ADDRESS (If outside, give location) no street address	
3. NAME OF DECEASED (Type or print) First DON Middle GORDON Last DOBBS				4. DATE OF DEATH Month April Day 22 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 5, 1900	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 0 Days 20		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Chauffeur				10b. KIND OF BUSINESS OR INDUSTRY School Bus		11. BIRTHPLACE (City and state or country) Dora, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Dobbs				13b. MOTHER'S MAIDEN NAME Mary Clearly		14. NAME OF HUSBAND OR WIFE Crete May Halford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 444-05-9573		17. INFORMANT Mrs. Crete Dobbs, Chadwick, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Nephrosclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic pleuro pulmonary disease - present for years.						INTERVAL BETWEEN ONSET AND DEATH 7 days 2 mo. plus 3 "	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Chadwick				COUNTY Missouri STATE			
21. I attended the deceased from 4-6-59 to 4-22-59 and last saw him alive on 4-21-59 Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. E. Harris (Degree or title)				22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 4-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/25/1959		23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		23d. LOCATION (City, town, or county) (State) Chadwick, Missouri	
24. FUNERAL DIRECTOR Dean Harris ADDRESS Clever, Mo.				25. DATE RECD. BY LOCAL REG. 5-1-59		26. REGISTRAR'S SIGNATURE Effie E. Melton	

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John Harris*

Licensed Embalmer No. *4390*
P. O. Address *Cleveland, Mo.*

* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.